PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

10/500453

_	•			_///	15 (JU 4 3						
		CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL TYPE	ENTITY	0:		ER THAN L ENTITY
•	TOTAL CLAIN	MS				•		RATE	FE	·	RATE	
FOR .			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F	EE		BASIC FI	
7	OTAL CHARG	EABLE CLAIMS	24,	24 minus 20= .		f .		XS 9=		OF	XS18=	1/-
ΙV	IDEPENDENT	CLAIMS	7	7 minus 3 = 1		1		X43=		OF	700	344
Μ	ULTIPLE DEP	ENDENT CLAIM	PRESENT	RESENT				+145=	1 -		`	1 7/1
*.	If the differen	ce in column 1 i	s less than	than zero, enter "0" in column 2			_	TOTAL		OF OF		┩ —
CLAIMS AS AMENDED - PART II								10176	· L			R THAN
		(Column 1)		(Column 2) (Column 3)			1	SMALI	ENTITY	OR		ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI TIONA FEE		RATE	ADDI- TIONAI FEE
	Total		Minus	**		=]	XS 9=		OR	X\$18=	
	Independent	-	Minus	***		=		X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1.45		7		1.
								+145=		OR	+290= TOTAL	
*								ADDIT. FEE		JOR	ADDIT. FEE	<u> </u>
		(Column 1)	1	(Column		(Column 3)	7 г		1 4001	7		1
AMENDMENT B	·	REMAINING AFTER AMENDMENT		PREVIOU PAID FO	SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		= .		X\$ 9=		OR	X\$18=	
AME	Independent	<u> -</u>	Minus	***		=		X43=-		OR	X86=-	
	FIRST PRESE	NTATION OF M	JITIPLE DE	PENDENT-C	LAIM	A785 (1 to be presented in	!	+145=			+290=	
						•	L	TOTAL	·	OR	TOTAL	
		(0.1				. A	DDIT. FEE	L	JOR ,	ADDIT. FEE		
		(Column 1) CLAIMS	1	(Column HIGHES		(Column 3).	· -		400	, ,		4001
اد		REMAINING AFTER		NUMBER PREVIOUS	SLÝ	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
E I	Total	AMENUMENT	A4:	PAID FOI	H		F		FEE			FEE
AMENOMEN	Independent		Minus Minus	**		=	_	X\$ 9=		OR	X\$18=	•
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	X43=	<u>.</u>	OR	X86=	
		•						+145=		OR	+290=	
11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT, FEE	
· T	tne "Highest Nur he "Highest Num	mber Previously Paid ber Previously Paid	id For IN THIS I For (Total or	S SPACE is les Independent)	is than	3, enter "3." nighest number		DIT. FEE L	ropriate box			·